

COMPENSATION ADMINISTRATOR DEPARTMENT OF STATE CIVIL SERVICE P.O. BOX 94111 – CAPITOL STATION BATON ROUGE, LA 70804-9111				<h2 style="margin: 0;">POSITION DESCRIPTION</h2> <p style="margin: 0; font-size: 0.8em;">Form Revision Date: 7/1/2013</p>		SCS LOG NUMBER	SCS ASSIGNED CONSULTANT
HUMAN RESOURCES USE ONLY <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> AFFIRMED <input type="checkbox"/> JOB CORRECTION <input type="checkbox"/> NEW POSITION ESTABLISHED </div> <div> <input type="checkbox"/> REALLOCATED Up Down Lateral <input type="checkbox"/> RETURNED W/O ACTION </div> </div>				MAJOR AGENCY CODE		EFFECTIVE DATE	
OFFICIAL ALLOCATION				OFFICIAL JOB CODE		PAY LEVEL	
CONSULTANT	SUPERVISOR	DELEGATED <input type="checkbox"/> YES <input type="checkbox"/> NO		CAREER PROGRESSION GROUP <input type="checkbox"/> YES <input type="checkbox"/> NO		MASTER JOB DESCRIPTION <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS							

1 TYPE OF REQUEST			
Check appropriate request boxes. If master job description, see instruction sheet.			
<input type="checkbox"/> AGENCY APPEAL <input type="checkbox"/> EMPLOYEE APPEAL <input type="checkbox"/> 5.3 APPEAL	<input type="checkbox"/> UPDATE <input type="checkbox"/> JOB CORRECTION <input type="checkbox"/> NEW POSITION	<input type="checkbox"/> MASTER <input type="checkbox"/> CAREER PROGRESSION GROUP	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">PERSONNEL AREA CODE</div> <div style="width: 45%;">POSITION NUMBER</div> </div>
CURRENT OFFICIAL JOB TITLE (IF POSITION IS IN A CPG, LIST CAP OF ALLOCATION)			CURRENT PAY LEVEL
REQUESTED OFFICIAL JOB TITLE			REQUESTED OFFICIAL JOB CODE

2 GENERAL INFORMATION		
EMPLOYEE'S NAME – FIRST, LAST	Employee Qualifies For Job <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICE TELEPHONE ()
AGENCY/DEPARTMENT – OFFICE – DIVISION		HUMAN RESOURCES CONTACT
OFFICIAL TITLE OF SUPERVISOR	DIRECT SUPERVISOR'S POSITION NUMBER	HUMAN RESOURCES TELEPHONE ()

3 COMPARATIVE POSITIONS		
List positions that have similar or identical duties to this position.		
INCUMBENT NAME	POSITION NUMBER	OFFICIAL JOB TITLE / AGENCY

4 SUPERVISORY ELEMENTS		ORGANIZATIONAL CHART MUST BE ATTACHED
<input type="checkbox"/> DETERMINES WORK ASSIGNMENTS <input type="checkbox"/> RECOMMENDS HIRING/PROMOTIONS <input type="checkbox"/> TRAINS STAFF <input type="checkbox"/> REVIEWS AND APPROVES WORK <input type="checkbox"/> PREPARES & SIGNS PES RATING <input type="checkbox"/> APPROVES LEAVE	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div> NUMBER OF DIRECT SUBORDINATES	

5 ATTACHMENTS	Check to indicate attachments. Please review position description instruction sheet for details regarding required attachments
<input type="checkbox"/> Organizational Chart (required) <input type="checkbox"/> Duties / Responsibilities (required) <input type="checkbox"/> Comments <input type="checkbox"/> MJD Position Numbers <input type="checkbox"/> Contracted Personnel Form	

6 SIGNATURES		
EMPLOYEE	DATE	<input type="checkbox"/> I certify that the information in this document is true and correct to the best of my knowledge. <input type="checkbox"/> I certify that I have reviewed the position description. I disagree with a portion of the contents and have attached comments.
DIRECT SUPERVISOR	DATE	<input type="checkbox"/> I certify that I agree with this document. <input type="checkbox"/> I certify that I have reviewed the position description. I disagree with a portion of the contents and have attached comments.
APPOINTING AUTHORITY (Required for processing)	DATE	<input type="checkbox"/> I certify that I agree with this document. <input type="checkbox"/> I certify that I have reviewed the position description. I disagree with a portion of the contents and have attached comments.

7 JOB DUTIES AND RESPONSIBILITIES

Provide a brief statement describing the function of work or reason why the position exists. List duties indicating the percent of time spent for each area of responsibility. If applicable, describe any unusual physical demands and/or unavoidable hazards of the position. Attach additional pages if necessary.

If duty(s) are short-term / temporary and nonrecurring, note beginning and ending dates and percent of time required to perform the duty(s). Begin the writing of your short-term duty statement(s) as follows: (SHORT-TERM – beginning and ending dates)

Example: (SHORT-TERM – 1/1/99 thru 1/31/99) I count.....

PERCENTAGES MUST TOTAL 100% LIST DUTIES IN DECREASING ORDER OF IMPORTANCE / COMPLEXITY. THE NEED FOR SPECIAL LICENSE, POLICE COMMISSION, KNOWLEDGE OR TRAINING MUST BE INDICATED BELOW, IF APPLICABLE.
